File with: File wim: lowe Ethics and Campaign Disclosure Board 510 E. 12th, Sie. 1A Des Moines, lowe 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

2010 OCT 19 PM 3: 14

COMMITTEE NAME (Must be come on an State and Committee of the	e Sans Million	. 1
COMMITTEE NAME (Must be same as on Statement of Organization)	<u>. </u>	FORM
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Politics Subdivision Candidate (8) County PAC (2) City PAC (11) School Board or Other Politics Subdivision Candidate (8) County PAC (2) City PAC (11) School Board or Other Politics Subdivision Candidate (8) County PAC (2) City PAC (11) School Board or Other Politics Subdivision Candidate (8) County PAC (2) City PAC (11) School Board or Other Politics Subdivision Candidate (8) County PAC (2) City PAC (11) School Board or Other Politics Subdivision Candidate (8) County PAC (11) School Board or Other Politics Subdivision Candidate (11) County Candidate (12) School Board or Other Politics Subdivision Candidate (13) County Candidate (14) School Board or Other Politics Subdivision Candidate (15) County Candidate (15) School Board or Other Politics Subdivision Candidate (15) County Candidate (15) School Board or Other Politics Subdivision Candidate (15) County Candidate (15) School Board or Other Politics Subdivision Candidate (15) County Candidate (15) School Board or Other Politics Subdivision Candidate (15) County Candidate (15) School Board or Other Politics Subdivision Candidate (15) County Candidate (15) School Board or Other Politics Subdivision Candidate (15) County Candidate (15) School Board or Other Politics Subdivision Candidate (15) County		(Rev 12/2009) REPORT
() Process present sports		Comm. # 1500
CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable)		Logged InS
		Computer
Office Sought HOUSE OF READESCRIPTATIVES District (if Senate or House)	- 1 1	Audited
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32/	4(7) and 6	BA.401(3), the candidate, for a
Section of the sectio	e for filing	timely and accurate reports.
SIGNATURE OF PERSON FILING REPORT TELEPHONE	ے د	DATE SIGNED
		DATE SIGNED
I AM FILING A REPORT FOR (1) ELECTION (report date) Indicate by		ELECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED	Local Con	mittees, enter Date of Election
Charle 16 this is Sure I (to a second	20021 0011	minuses, eller Dans Of Cischoff
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)	County & I	ocal Committees, enter County in tion is held
	WINCH EIGC	alon is neig
STATEMENT OF CASH ON HAND	WHICH EIGC	auon is neid
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all finds held but to	WHICH EIGC	aion is neid
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)		7.411 29
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end		7.411 29
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	7.411 29
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	7,411 29 12,270 00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$	7.411 29
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	7.411 29
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$	7.411 29 12,270 00 19.681 29
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$\$	7,411 29 12,270 00 19,681 29 13,632 45 6,048 83
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$ \$ \$	7,411 29 12,270 00 19,681 29 13,632 46 6,048 83
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FOI INSTRUCTIONS, SEE DACK OF FORM		1	1
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		1 —	CK THIS BOX IF NDING FORM
CommiTTES TO DIST ROK Near To three	Col Dana	1	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
8/6/10	ID# 6060 CK# 2695	IA Committed ON Political Ed AFL-CIO 2000 WALKER SuteA DIA 5031	7	\$ 200-	
9/3/10	ID# 6237 CK# 2214	ABATE PAC 3118 EASTGRN AVE NE CEDAN RAPIDS, IA 52402		200 -	
9/3/10	ID# 6//6 CK# /89/	Political Action, In Dealers 1311 50 th ST W Des Mointes IA 50266		200 -	
9/3/10	ID# 629/ CK# 2834	THA PAC 100 EGRAND DESMOINES, IA 50309		500-	
9/9/10	CK# 459	IA Certified Public Accrs 450 OFFICE PARKERS Suite 300 W Des MointES IA 50265		200 -	
9/9/10	ID# 6067 CK# 57 38	IA Health PAC 1775 90 th W DesmonNES, IA 50266		500-	
9/14/10	ID# 6004 CK# 5025	701 E. ROURT DESMONTES IN 50309	·	1000_	
9/16/10	ID# 6004 CK# 5084	AGSGENEUR Contractor 701 E fourt Des Montes IA 50309		1500-	
9/16/10	D# СК# 3833	Jerry STANTON 11/29 NW AVE. STEA GRIMES, IA 5011/		250 -	
9/16/10	ID# 6073	LA Med Political Actions Com. 50265 1001 Germs MorNEL TA		250-	
		TOTAL (if last page o	SUB-TOTAL	\$ 4800	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship. enter "not applicable" in the relationship column.

Page / of 3

For Instructi	ons, See Back of F	orm		SCHEDU	LE	
	IONS MONEY TA			A (Rev. 07/0	MONET RECE	
		as on Statement of Organization) CKOLSO TOHOUSE OF REPOSE	a Maried St	. —	CHECK THIS E MENDING FO	
STATE CANDIDA	TES NOTE: IF A CONTR	IBUTION IS RECEIVED FROM A STATE PAC (POLITICAL THE DESIGNATED COLUMN. A LIST OF ID NUMBERS		LIST THE PAI IE IOWA ETHI	CIDENTIFICATION OF AND CAMPA	ON
NOTE: ANY PER RESPONSIBILIT	RSON, OTHER THAN AN IES AND SHOULD IMMI	INDIVIDUAL, THAT CONTRIBUTES MORE THAN EDIATELY CONTACT THE BOARD.	\$750 TO YOUR CAM	PAIGN MAY	HAVE FILING	
CAUTION: Sec commercial purp	tion 68B.32A(6), prohib cose by any person othe	its the use of information copied from reports and er than statutory political committees.	statements for solici	iting contrib	utions or for a	ny
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTO	R RELATIO TO CAND (if applic	NDATE*	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/16/10	ID# 6063 CK# 2433	IA Dental ASS PAC 5530 W. PKWY Stc 100 JOHNSTON, IA SO131		\$	250-	
9/20/10	ID# 9716 CK# 2282	TBEW LOCAL 3470 850 18th Dec MUINES FA 503 Plumberst Stehmfitter			500-	
9/29/10	CK# 1304	DESMOINES FA 503	12/		200 -	
9/29/10	ID# 6282 CK# 1909	Hyvee, INC Employees P 5820 Westown PAVKWA W. Desmones 502	nic 266		250-	
9/29/10	ID# 6019 CK# 680	CWA LOCAL 7102 PA 3612 SW 9th Der MOINES IA SP	+	1	100 -	
	ID# / /25	T. Pealbuc PAr				

Der Mointes IA 50315

TA Realtous PAC
1370 NW/14th #100

CLIVE ITA 50325

MASTER BLENS OF ITA. PAC
221 PAVE PO. BOX 695

DES MINTES, ITA 50306

OPENATING ENGINEERS LOCAL
4880 Hubbell
DES MINTES ITA 50317

CITIZENS FOR PRESERVATION
OF RACING 86th #30
4837 NW 86th #30
4837 NW 86th #30
4837 NW 86th #30
CLANGES ISENHANT
DO. BOX 3953

Dubugue, ITA 52004

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by

marriage). If surname of contributor is the same as candidate, but there is no familial relationship. enter "not applicable" in the relationship column.

SUB-TOTAL

TOTAL (if last page of this schedule)

(includ	ling candidate's personal fu	inds)		(Rev. 07/03)	RECEIPTS]
<i>p</i> _	NAME (Must be same		CHECK THIS BOX IF AMENDING FORM			
COMMITTE	I DELEG	RICKUSM TOTOKES POPOSON	ATIONS			
STATE CANDIDA NUMBER AND THI DISCLOSURE BOA	ATES NOTE: IF A CONTR E PAC CHECK NUMBER IN ARD.	IBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION C THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILAB	OMMITTEE), LIS LE FROM THE I	T THE PAC IDENT OWA ETHICS AND	TIFICATION CAMPAIGN	
NOTE: ANY PER RESPONSIBILIT	RSON, OTHER THAN AM TES AND SHOULD IMMI	N INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YEDIATELY CONTACT THE BOARD.	OUR CAMPA	IGN MAY HAVE	FILING	
CAUTION: Sec commercial purp	ction 68B.32A(6), prohib pose by any person oth	its the use of information copied from reports and statemer er than statutory political committees.	its for solicitin	g contributions	or for any	
DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONS	SHIP AMO	UNT √ IF	FOR
(MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDID		IVED FU	ND-
	NUMBER		(if applicab	IE)		ISER OME
	ID# 6027	Deeve PAC IOWA #6027				
10/6/10	CK# CAA	666 GrAND Ave Smile 170	7	\$	الــم	
	2897	Desmoines, IA 50309		50		ــــــا
	ID#		dil			
10/6/10	0144	MAYNANDON BARBARA BOATUR				- 1
(3)	ск#5830	Deimoines, In S0317		50	, — <u>_</u>	
	ID#	De Marie La				
while		JANICE HORNOCKER 3908 E.23'd Apt 8				
10/6/10	CK# 7210	3908 E.ES 17 0 317		20	- L	
	ID# / 0.1-1	Desmointes, It 50317				- , , , , , ,
11/10	6017	Central IOWA Bly & Construction Traves Come, L PAR			1	
10/6/10	CK# 3279	POBOX 7310 Desmoures, IN SO	20.9	500	ا _	
,			,,,			
10/6/10	1D# 6085	TA State Bog + Construction Traces Coulcit Political				
10/8/1	CK#	Tol. Committee		1000	s —H	
	954	Ed. Comptee NW Alton + In	3009			
11	ID# 6098	IA Ber PAC				
10/6/10	CK# 3730	321 E. Walnut Soute 3/0		75	の一	
11	7	De known ES, IA 50309				
, ,	1D# 6070	Town LAWPAC			7	= =
196/10	CK# 1/ 24	625 E. Court Ave		1757	o —	
' ′ ′	CK# 4034	Des Marits IA 50309			.	
	ID# 6/18	IA. Optométrie Ass PAC				
10/1/10	C1/4" /	150 Village View Dr. 105	-	150		
10/6/10	CK# 5064	W. De, Montes Ip 50266		1/3		
	ID# 05-10					
1.1	8319	CHICAGO REGIONAL COUNCIL	• !	1	~ 11	
10/6/10	CK# 4206	12 E. ERIEST. CHICAGO, TIL		500		
	ID# '/ 0/ //		5//			
10/10/10	6064	LA FOR E PALLEL		1/2		
10/10/10	CK# 3/36	85 23 Boly (45 300) 10		170	<u> </u>	الـــــ
		Desmoines, It 50322				
			SUB-TOTAL	.46	20	
		TOTAL (if last page of	f this echad	(ula)		
		ioine (ii last paye o	4119 301100	\$127	-70	
* Disclosure law rec	quires candidate committe	es to disclose the relationship of any relative making a contribution (to the			
committee. Relatio	nship must be shown to th	e third degree of consanguinity (blood relatives) and affinity (relative	es by	- 3	. 3	

SCHEDULE

MONETARY

Page _____ of ____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

marriage). If surname of contributor is the same as candidate, but there is no familial relationship. enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elec - RICK DLSON TO HOUSE OF Representatives

	CANDIDATE	NAME AND ADDRESS TO WHOM	DUDDOOF	AMOUNT
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	EXPENDED
(141141/2027 1 14)	CHECK NUMBER			
9/2/10	ID#	Infed.of LABOR AFL-CTO	Adventisein	\$ 150=
47	CK# 1273	DESMOINE IA SD) 17	LABOR HALL OF FAME PROGRAM	\$
	ID#	CARTER PRINTING	SIGNS+	2830-
15/2/10	CK# 1274	Des MointEs IA 3671	6 sales TAY	~ 0)
	1D#	PolK County Audito	MAILING/15	10 5
19/2/10	CK# /275	Des Moines, IA &		70
0/1/01	ID#	Thuman Fund 5661 Fluen m	DONATION	8000
191919	CK# 1276	Des Morres IA	90% HILON	0000
	ID#			
	CK# 1277	1010		
	ID#	US Postmaster	PostaGE	167130
13/11/10	CK# 1278	Des Mines, IA		
	ID#	CANTER PrINTING	Postcards MAIL Services	970 96
10/11/10	CK# 1279	Des MULLES, IN 50316	TAX	710
	ID#			
	CK#			
			SUB-TOTAL	\$ 13 632

TOTAL (if last page of this schedule)

\$ 13.6324 \$ 13.6324

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

			•
Page		of	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elec T NUCCOLSON to House of Representives

res	(Rev. 06/97)	IN-KIND CONTRIBUTIONS
		(THIS BOX IF DING FORM

SCHEDULE

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200					100	183
æη					2.5	132
		Note as	ngan,	and a	33.	138

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/5/10 7/28/10	House TRUMAN fund 5661 Fleur DR BESMOINES IN S032		Postaro Et. Tavitation	2000	-
7/28/10	ISEA - PAC+600	56 1 3 09	LIST	100	
				·	
		•			
·					
			SUB-TOTAL	300	
			TOTAL (if last page of this schedule)	308	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumarne of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of for Schedule E)